



Frederick County Health Access Program

An Initiative of the Frederick County Health Care Coalition
In Partnership with the Frederick County Health Department

Providing Connections to Care

Ph. 301-788-8592 FAX 866-430-9751

CONFIDENTIALITY AND RELEASE OF INFORMATION

I agree to the release of personal and financial information from this application form to the Frederick County Health Access Program (FCHAP) so that they can evaluate it and verify eligibility. I understand that I may be asked to provide additional information. Administrators of FCHAP may verify all information on this form. I understand that I must tell FCHAP staff about any changes in information on this form. By signing this application, I certify under penalty of perjury that everything on this form is the truth.

I certify under penalty of perjury that all applicants for the Frederick County Health Access Program are residents of Frederick County and have no health insurance.

All information and documentation gathered for determining eligibility is confidential. Disclosure of information concerning my eligibility to anyone not authorized to receive the information is a violation of State and Federal laws.

The application must be signed by a household member 19 years of age or older.

Signature of applicant/Printed Name

Date

Signature of FCHAP Coordinator/Case Manager

Date